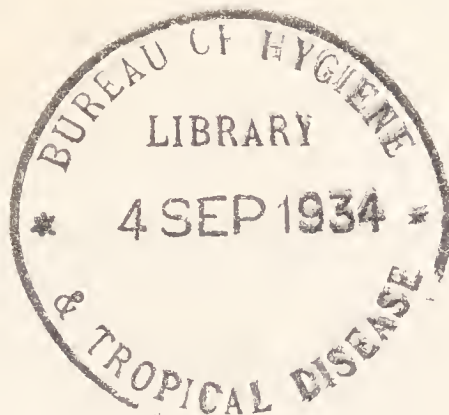


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C.P. ⁷⁰_____
1934-1935.

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HERTFORDSHIRE COUNTY COUNCIL.

ANNUAL REPORT

ON

SCHOOL HEALTH

(TWENTY-SIXTH)

CONCERNING PUBLIC ELEMENTARY SCHOOLS IN

HERTFORDSHIRE

RELATING TO THE YEAR

1933

BY

H. HYSLOP THOMSON,

M.D., D.P.H.,

School Medical Officer and County Medical Officer of Health.

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MEDICAL INSPECTION STAFF.

School Medical Officer.

H. HYSLOP THOMSON, M.D., D.P.H.

County Medical Office, Hertford.

Assistant School Medical Officers.

- BARKER, A., B.Ch.,** Sawbridgeworth Urban and Hadham
Manor House, Much Hadham. Rural (part of).§
- BEALE, H. L., M.B., C.M.** ... National Children's Home School.
2, Rothamsted Avenue,
Harpenden.
- BUCHANAN, J., M.B.** Watford Borough (part of).**
20, Station Road, Watford.
- ***CLARKE, A. E., M.D., M.R.C.S.** Rickmansworth Urban.
Rickmansworth.
- ***COX, W. J., M.B., D.P.H.** ... Watford Borough (part of).§§
Public Health Dept., Watford.
- ***FRASER, H., M.B., C.M.** ... Harpenden Urban.
Harpenden.
- ***GRATTAN, H. W., M.R.C.S.,** ... Welwyn Garden City Urban, Hatfield
F.R.C.P., D.P.H. and Welwyn Rural.
Bridge Road, Welwyn Garden City.
- ***GROSS, MALCOLM, M.B.,** ... Berkhamstead and Tring Urban, Berk-
D.P.H. hampstead and Hemel Hempstead
Town Hall, Hemel Hempstead. Rural.
- ***GROSVENOR, A. A., M.D.** ... Stevenage Urban.
Stevenage.
- ***HARDIE, C. F., M.A., M.B.,** ... Barnet Urban and Barnet Rural.
L.R.C.P.
53, Wood Street, Barnet.
- ***HARVEY, W., M.D., D.P.H.** ... Bushey and Chorleywood Urban, Wat-
25, King Street, Watford. ford Rural.
- ***MACFADYEN, N., M.B.,** ... Hitchin, Letchworth and Royston
Letchworth. **M.R.C.S., D.P.H.** Urban, Ashwell and Hitchin Rural.
- ***McCLYMONT, J., M.D.** ... Cheshunt Urban.
Enfield.
- ***PATON, R. R. K., M.B., Ch.B.,** St. Albans City and Rural.
D.P.H.
36, St. Peters Street, St. Albans.
- ***ROSE, A., M.A., M.B., Ch.B.** ... East Barnet Valley Urban.
29, Station Road, New Barnet.
- ***SUGGIT, B., M.B., Ch.B.** ... Baldock Urban.
Baldock.
- ***WHITELAW, A. D., M.D., B.Ch.,** Bishop's Stortford, Hertford, Hoddesdon
D.P.H. and Ware Urban, and Hertford and
The Castle, Hertford. Ware Rural (part of).
- WIGFIELD, A. S., M.R.C.S.,** Buntingford, Hadham (part of)§ and
L.R.C.P. Ware Rural (part of).°
Buntingford.

SCHOOL-NURSING STAFF.

FOUR HEALTH VISITORS and SCHOOL NURSES.

88 NURSES of Local Nursing Associations.

* Medical Officer of Health.

** Alexandra, Callow Land, Garston, St. Andrew's, and Victoria C.C. Schools.

§ High Wych, Allen's Green, and Thorley under Dr. Barker, rest of Hadham R.D. under Dr. Wigfield.

° Great Munden, Little Munden, Puckeridge C.E., Puckeridge R.C., and Standon under Dr. Wigfield, rest of Ware R.D. under Dr. Whitelaw.

§§ Beechen Grove C.C., Central C.C., Chater C.C., Parkgate Road C.C., Field C.C., Holy Rood R.C., Oxhey C.C., and Defective Schools.

Annual Report on School Health.

CHAPTER I.—ADMINISTRATION.

The following Report, which is the twenty-sixth of its series, gives particulars of the work of School Medical Inspection and of the treatment of defects in school children carried out during the year.

There have been two changes in the personnel of the School Medical Officers during the year. Dr. H. W. Grattan has been appointed to succeed the late Dr. A. C. Ballance for the Hatfield Rural District. It is with regret that I have to report the death of Dr. F. P. Wigfield, of Puckeridge, who acted as School Medical Officer for Buntingford and parts of the Rural Districts of Hadham and Ware. He has been succeeded by his son, Dr. A. S. Wigfield, of Buntingford.

In the following tables particulars are given of the work of the respective Assistant School Medical Officers during the year.

In Table I particulars are given regarding the estimated population and the average number of children on the books in the Urban and Rural Districts. The estimated population for the county for 1933 was 421,200. The average number of children on the books was 45,421, compared with 44,234 for the previous year, showing an increase of 1,187, compared with 1,276 for the previous year.

Table II gives information regarding the actual number of inspections and visits to schools made by the Assistant School Medical Officers during the year. It will be observed that, with one or two exceptions, inspections at and visits to the schools have been made in excess of those required, in several cases to a considerable extent.

TABLE I.—Areas of Assistant School Medical Officers.

Districts.	Acreage.	Estimated Population, 1933.	Average Number of Children on Books.	Assistant School Medical Officer.
<i>Urban.</i>				
1 Baldock	542	3,365	373	Suggit, B.
2 Barnet	3,114	16,020	1,641	Hardie, C. F.
3 Berkhamstead ...	1,208	8,452	808	Gross, M.
4 Bishop's Stortford	3,371	10,160	1,087	Whitelaw, A. D.
5 Bushey	3,081	11,700	986	Harvey, W.
6 Cheshunt	8,479	15,180	2,066	McClymont, J.
7 Chorleywood ...	1,989	3,418	198	Harvey, W.
8 East Barnet Valley	2,644	20,360	2,045	Rose, A.
9 Harpenden	1,633	9,113	920	{ Fraser, H.
10 Hemel Hempstead	7,184	15,520		{ Beale, H. L.
11 Hertford	1,503	12,320	1,407	Whitelaw, A. D.
12 Hitchin	3,675	15,030	1,677	Macfadyen, N.
13 Hoddesdon... ..	1,576	7,716	1,072	Whitelaw, A. D.
14 Letchworth	3,651	14,480	1,811	Macfadyen, N.
15 Rickmansworth ...	4,727	11,130	1,054	Clarke, A. E.
16 Royston	1,003	3,803	478	Macfadyen, N.
17 St. Albans	2,698	30,160	3,646	Paton, R. R. K.
18 Sawbridgeworth ...	2,678	2,799	409	Barker, A.
19 Stevenage	4,545	5,552	639	Grosvenor, A. A.
20 Tring	4,407	4,465	502	Gross, M.
21 Ware	629	6,501	971	Whitelaw, A. D.
22 Watford	3,251	57,370	7,100	{ Buchanan, J.
23 Welwyn Garden City	2,460	9,286	1,330	{ Cox, W. J.
				Grattan, H. W.
Total Urban ...	70,048	293,900	32,220	
<i>Rural.</i>				
1 Ashwell	22,049	3,515	437	Macfadyen, N.
2 Barnet	9,215	6,808	689	Hardie, C. F.
3 Berkhamstead ...	18,384	5,230	598	Gross, M.
4 Buntingford	28,470	4,685	579	Wigfield, A. S.
5 Hadham	25,466	5,497	611	{ " " "
6 Hatfield	22,091	12,400	1,415	Barker, A.
7 Hemel Hempstead	19,994	8,640	1,119	Grattan, H. W.
8 Hertford	33,449	7,663	902	Gross, M.
9 Hitchin	54,998	14,700	2,011	Whitelaw, A. D.
10 St. Albans	37,070	21,090	1,597	Macfadyen, N.
11 Ware	33,953	13,300	1,511	Paton, R. R. K.
12 Watford	23,903	19,810	1,355	{ Whitelaw, A. D.
13 Welwyn	5,430	3,962	377	{ Wigfield, A. S.
				Harvey, W.
				Grattan, H. W.
Total Rural ...	334,472	127,300	13,201	
Total for County	404,520	421,200	45,421	

TABLE II.—Medical Inspection and Visits, 1933.

	Number of Schools. (1)	Average number of Children on Books. (2)	Estimated number of Inspections re- quired. (3)	Actual number of Inspections made. (4)	Minimum number of School-visits re- quired, one per term. (5)	Number of School- visits paid. (6)
Dr. Barker ...	6	527	162	213	18	16
Dr. Beale ...	1	186	57	87	3	5
Dr. Buchanan ...	5	3,715	1,143	1,305	15	88
Dr. Clarke ...	4	1,054	324	303	12	13
Dr. Cox ...	8	3,385	1,041	1,119	24	47
Dr. Fraser ...	3	733	226	233	9	17
Dr. Grattan ...	17	3,122	961	1,010	50	57
Dr. Gross ...	23	3,148	969	1,051	69	88
Dr. Grosvenor ...	2	639	197	225	6	12
Dr. Hardie ...	11	2,330	717	799	33	43
Dr. Harvey ...	15	2,540	781	817	45	53
Dr. Macfadyen ...	45	6,415	1,974	1,900	135	164
Dr. McClymont ...	10	2,066	636	712	30	32
Dr. Paton ...	24	5,122	1,576	1,589	70	92
Dr. Rose ...	7	2,045	629	807	19	36
Dr. Suggit ..	2	373	115	86	6	6
Dr. Whitelaw ...	44	6,611	2,034	1,845	130	104
Dr. Wigfield ...	22	1,410	434	566	66	60
Totals ...	249	45,421	13,976	14,667	740	938

The children detailed for inspection during 1933 were:—

- (a) those newly admitted to school life,
- (b) those born in the year 1925,
- (c) those born in the year 1921,
- (d) those not previously inspected and known to be about to leave school.

TABLE III.—Inspections, Refusals, and Presence of Parents, 1933.

Sex.	District.	Inspections.			Total.	Refusals.	Percentage.	Parents present.	Percentage.*
		Entrants.	Born in 1925.	Born in 1921 and 1922 and Leavers.					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Boys	Urban ...	1691	1748	1735	5224	—	—	915	54·1
	Rural ...	670	744	786	2200	—	—	249	37·2
	Urban and Rural	2361	2492	2571	7424	—	—	1164	49·5
Girls	Urban ...	1617	1731	1790	5138	—	—	918	56·8
	Rural ...	655	691	759	2105	4	·2	247	37·7
	Urban and Rural	2272	2422	2549	7243	4	·06	1165	52·3
Boys and Girls	Urban ...	3308	3479	3575	10362	—	—	1833	55·4
	Rural ...	1325	1435	1545	4305	4	·09	496	37·4
	Urban and Rural	4633	4914	5120	14667	4	·03	2329	50·3

*Percentage of parents present at first inspections.

Table III gives the number of children examined in the various age groups. These groups are entrants, children 8 years of age, children 12 years of age, and leavers who were not previously examined at the age of 12. There were 4 refusals during the year, as compared with 8 last year. The percentage of parents present at the medical inspections was 50·3 compared with 50·7 last year.

CHAPTER II.—REPORTS OF ASSISTANT SCHOOL MEDICAL OFFICERS.

This chapter contains extracts from the annual reports of School Medical Officers. Under the section headed Conclusions and Summary, reference is made to some of the points of special interest and importance referred to in these reports.

Dr. Suggit (Baldock).

Eight visits were paid to the two elementary schools and 106 children were medically examined. Fifty-two parents were present at the inspections. The most frequent defects found were enlarged

tonsils, enlarged cervical glands and carious teeth; fifty-eight children were unvaccinated. There was a considerable fall in the attendance at both schools in the beginning of the year owing to whooping-cough and colds. Schools were closed for three periods in January and February. The sanitary conditions of the schools are satisfactory.

Dr. Hardie (Barnet).

The number of children examined in 1933 was 799, compared with 802 in 1932. The defects found numbered 268, compared with 257 in 1932. Generally, the examinations have been well attended by the parents, who take great interest in and much appreciate the facilities offered. A number of parents stated that their children suffered from asthma. I detected no evidence of this on examination.

The condition of the children's teeth and mouth-cleanliness shows great improvement, and has resulted in a diminution in the number and size of enlarged cervical glands. Generally the children are very clean, well-fed and well-cared-for. In one area, the standard of clothing, cleanliness and personal attention had deteriorated, and this was regarded as being due to fitful employment and high rents.

Totteridge school has been enlarged, and much better facilities are now provided.

There has been one school closure for scarlet fever, at Shenley. Mild cases had occurred at intervals in this district during the year. In December an outbreak occurred at the school; every child was examined and one was found to be peeling on the hands. The school was closed, and the premises were disinfected. No fresh cases developed amongst the children, and this action appeared to check completely the outbreak. The type of illness has been very mild and therefore very difficult to control. A number of cases were not discovered until peeling had started, and careful enquiry elicited a history of very slight or no previous illness. On several occasions a peeling child was found in a house with several other children, who had not been infected; in other instances, a number of cases occurred in the same family. It would appear that either the infectivity of the disease, or the susceptibility of the children, varies greatly.

I have not closed a school for a number of years, and do not think it advisable, except perhaps in isolated or rural districts, in which case, closure, combined with closure of the Sunday Schools, may be useful as a preventive measure.

The School Nurses have been very helpful, and are an effective factor in maintaining the health of the children, and checking the spread of infectious disease.

Dr. Gross (Berkhampstead and Tring).

Out of a total of 1,016 children examined as routine inspections, 423, or 41·6%, were found to have various defects, but exclusive of dental defects. Of these 423 children, 199, or 19·6% of the 1,016 children examined, had defects which required some form of attention; the defects of the remaining 224, while not calling for immediate treatment, were noted for observation at a later date. These percentages approximate very closely with the percentages recorded the year before.

Forty-eight children were found to show definite evidence of under-nourishment. This is a slight increase over the figure obtained the year before (30), but not in regard to 1931 (49). Where possible I discuss with the parents the child's diet and other factors which may be involved, such as lack of rest, irregularity of habits. It is very difficult at one short consultation, such as school medical inspection provides, to determine the chief cause of subnormal nutrition in many of the cases. Seventy-nine cases of heart affection were found, and of these it was found that 28, or 35·4%, had organic heart disease. These figures, especially in regard to organic heart disease, are markedly higher than usual. They are not peculiar to any of the three routine age groups examined, but out of the 28 cases, 14 were in children born in 1921, 7 in those born in 1925, and 7 in the entrants group. The children are rarely found to be unfit for school, but advice is given that special care should be given to the degree of physical training which they can stand, and in some cases it, and more particularly swimming, is prohibited.

There were 42 cases of defective vision and 13 cases of squint. In addition, 7 cases of defective vision were seen as "special cases." Suitable cases were given treatment certificates. There were 37 children noted as having Deformity defects. Most of these consisted of minor degrees of round shoulders or flat, hollow or pigeon chests. The importance of correct posture, physical exercises and breathing exercises was insisted upon. There were also found 6 cases of flat foot, 3 cases of talipes, 2 cases of knock knees, 2 cases of spinal curvature (Scoliosis) and one of congenital hip disease. Appropriate cases were referred to Orthopaedic Centres.

Scarlet fever has been more prevalent in the schools this year, although it can hardly be said to have attained epidemic proportions anywhere. There have been 15 cases at Northchurch school, but even here there were not more than 4 cases in any month. There was definite evidence of carelessness on the part of parents in connection with this school, and I have little doubt that this was an important factor in the spread of infection. In regard to the other schools, in no case did more than two cases occur during the year, except at Berkhamstead C.E. Boys' School (5), and Berkhamstead C.E. Infants' School (3). There was only one case of diphtheria among the children attending county elementary schools in this district during the year.

An epidemic of measles occurred at Chipperfield School in the autumn term, and of chicken pox at Berkhamstead C.E. Infants' School in the summer term. Whooping cough was prevalent in Aldbury school in the early spring and at Little Gaddesden school in October.

Influenza affected the attendance adversely at many of the schools, and notably at Bovingdon, Chipperfield, Berkhamstead C.C. Mixed, Potten End and Great Gaddesden Row schools. Berkhamstead C.C. Mixed and Chipperfield schools were closed for short periods owing to shortage of staff from this cause.

In regard to school buildings I would comment on the fact that, at a number of schools where no special floor preparation is in use, it is customary to be content with scrubbing the class-room floors once a month or sometimes even only six times a year; that is to say, only in holiday time, and this where the floors consist merely of rough boards. It appears to me that, either a special preparation which obviates all but occasional washing should be used, or else scrubbing should be far more frequent. I am occasionally asked to seriously consider the advisability of disinfecting a school because of a case of infectious disease, but I think that a far more general and frequent attention to ordinary cleanliness is more desirable.

I should like to express my appreciation of the assistance afforded me in school medical inspection by the teaching staff. Accommodation in some schools is far from ideal. When there is a teachers' room, it is usual for it to be placed at my disposal for inspection; when there is not I find that my wants are placed first, and that the

teachers place the maximum discomfort on themselves. Also I would acknowledge the help given to me by school and district nurses, who follow up any recommendations I make and produce the practical results.

Dr. Wigfield (Buntingford).

I inspected some 240 children, and, of these, over 80 required treatment in one form or another, exclusive of dental cases. Fifty-seven were referred to the hospitals for removal of adenoids and tonsils, the vast majority on account of obstructive symptoms, but one or two were so advised, with the concurrence of their own doctors, because of associated conditions, e.g., rheumatic myocarditis. It appears that a considerable number of these cases had received similar recommendations on previous occasions, but the consent of the parents had been withheld.

Twenty-one cases were seen in which there appeared to be visual defect, two cases were referred to the Tuberculosis Officer for an opinion, two children were found to be verminous, and two were notified as mental defectives. With one exception no recommendations were made in respect of dental defects, the names of all children requiring such attention being given to the nurse to await the school dental clinic, where such are held. Generally speaking I found the condition of the teeth was excellent. The exceptions were Much Hadham School, where I understand no clinic had been held during the year, but simply, it appears, one or two inspections by the dentist without treatment at the time, and in one or two isolated small schools far removed from any such clinic, for example, Rushden and Wallington schools. I believe that a regular clinic at a large school like Much Hadham would be of great usefulness.

My impression is that the general well-being, physique, nutrition, clothing and footgear of the children I saw were excellent. I noticed that of those whose clothing was poor, the majority seemed to be particularly well nourished, and, on enquiry, it appeared that these children's parents were mostly in receipt of public assistance, so perhaps their apparent robustness was due to a diet of bread and potatoes ! One other feature which struck me was that those children who have a long walk to school were, on the average, of much better physique than those who have not. This is only an impression, but if it has any truth in it, it suggests that the provision of conveyances to and from school is not always necessary or beneficial.

Dr. Harvey (Bushey).

Routine and special inspections were carried out in all the schools in the Bushey, Chorleywood and Watford Rural Districts during 1933. The inspections were well attended by the parents, whose presence in many cases was an advantage where the treatment of defects had to be recommended. The health of the children was found to be good. The response by the parents to recommendations for treatment was satisfactory, and the defects were well attended to by the various clinics organised for dealing with them. A special point was made in following up the cases recommended for treatment at previous inspections. The standard of cleanliness of the children was generally high, but schools vary in this respect; in a few cases, dirty and verminous families gave unnecessary trouble to the school nurses. The school buildings were invariably found to be in a clean and hygienic condition; but, the appearance of hand towels often suggested that they should be changed more frequently.

With few exceptions, the children were found to be well nourished; in the exceptional cases the cause of the malnutrition was improper feeding rather than any actual shortage of food. There is room for improvement in the cooking, and in the selection, of food in many homes. The provision of milk at the schools is greatly appreciated and continues to receive the support of the parents.

None of the schools was affected to any extent by the general prevalence of scarlet fever towards the end of the year. Cases of influenza, mumps and whooping cough occurred, but, except in an outbreak of influenza in one school, they were limited in number. Apart from a few cases of impetigo which were easily controlled, the schools were free from the contagious diseases to which children are liable.

Dr. McClymont (Cheshunt).

During the routine visits to the schools, 712 children were examined and 75 defects noted—approximately 10%.

The health of the children has been remarkably good, except for an epidemic of influenza, which affected both the staff and the scholars in January, and necessitated the closure of Waltham New Town and Trinity Schools. Scarlet fever has cropped up in the parish during the whole year, and of the 41 cases received at the Isolation Hospital,

25 patients have been of school age. Since "carriers" have been so carefully watched in the Enfield schools, diphtheria has been quite an uncommon disease in Cheshunt, and only three cases occurred during the year. But the bright feature of the year's notifications is the great fall in the number of cases of tuberculosis—viz., 8, as against an average of 26. Only two of these (pulmonary) were school children, and they are members of tuberculous families. There are no cases of tuberculous cervical glands. It may only be a coincidence, but one would hope that it is the result of the treatment of enlarged tonsils and adenoids, which has been carried out over several years, and that this focus of entry is being removed. The water supply and drainage of all the schools are satisfactory, but the washing and cloak-room accommodation at Goffs Oak and Waltham New Town schools remains very deficient.

Dr. Rose (East Barnet).

It should be noted that most of the dirty children come from families who remain dirty from year to year. I have instructed head teachers to exclude all dirty children and report to me at once.

While obvious defects like enlarged tonsils, defective eyesight and carious teeth have been well attended to (many of them before school age), I regret to note some deterioration in personal cleanliness during the year 1933. I have impressed on head teachers the importance of drawing attention to this matter of cleanliness, and of insisting upon it wherever possible. The percentage of defects remains fairly steady—45%. The percentage of vaccinations is only 32.

Dr. Fraser (Harpenden).

There have been no epidemics in the district which necessitated the closure of schools during the year, though several certificates were issued for a lowered attendance due to outbreaks of whooping cough and influenza.

The accommodation at the County Council school—85—is rather taxed, particularly in the junior mixed department; the lavatory for boys and the cloakroom accommodation are inadequate, and there are two rooms where lighting and ventilation are poor.

Two hundred and thirty-three children were examined and 72 certificates for treatment were issued. The number of unvaccinated children was a disturbing feature. The general physique and clothing conform to the previous year's good standard. The assistance given by the various school staffs was appreciated, and the school nurse was again invaluable and zealous in following up the various forms of treatment prescribed.

Dr. Whitelaw (Hertford).

Most of the routine inspections were carried out by Dr. Dunn during the first quarter of the year. From April 1st onwards some 500 children were medically examined. The majority of treatment forms given out were for tonsils and adenoids, and a considerable number for defective vision; those for treatment at an orthopaedic centre accounted for a small percentage. Practically all the cases of defective vision presented themselves for refraction and received suitable treatment. Scarlet fever was very prevalent in Bishop's Stortford during the second half of the year, 16 cases occurring at St. Michael's School during July. After the summer holidays cases were reported from other schools:--Hockerill (5), Northgate (6), St. Michael's (3). For this reason all the schools in the town were closed for the last week of the autumn term. Sporadic cases of scarlet fever were frequent in Hoddesdon, Ware and Hertford and in village schools. Measles was epidemic during the autumn term, and was especially prevalent in Hoddesdon and the Ware Rural District. Two infant schools in Hoddesdon were closed for a short period.

Diphtheria again visited Stanstead Abbots, 7 cases being reported. A nasal carrier (a girl aged 8) was ultimately discovered and isolated.

Dr. Macfadyen (Letchworth).

The results of Inspections still show improvement, and there is little uncleanness now. School dinners are now served at St. Mary's Hitchin, Letchworth, Norton Road, and Offley, and results are very satisfactory. The organisation of these dinners requires some sacrifice on the part of school teachers, but they are always ready for this where there is an obvious benefit to the children.

The more hygienic clothing worn to-day as compared with years ago is very striking and beneficial. The autumn term, after the summer of sunshine, has been remarkable for attendances at school and general well-being.

Dr. Barker (Hadham).

I find that parents take rather more interest in the inspections and that generally advice is welcomed. There are a few cases where defects have been pointed out and treatment ordered, and yet the unfortunate children turn up at the following inspection neglected. The proportion of unvaccinated children is regrettably higher. I should like to see a definite rule that cases of strabismus may be seen yearly by ophthalmic surgeons without fresh reference.

In my schools I find that the operations for tonsils and adenoids are most efficiently performed.

Dr. Paton (St. Albans).

Dr. Paton gives the results of his medical inspection in tabulated form. He reports that diphtheria and scarlet fever were prevalent in the City during the year. Epidemic sore throat has been present at Alma Road school, and improvement of the drainage is being undertaken by the Education Authority. A new senior Church school has been opened at Beech Bottom. Attention is drawn to the fact that Alma Road school and Abbey school have insufficient playgrounds. It is perhaps scarcely within the scope of this report to state that the re-organizing of the schools has dealt a severe blow to the football life of the school child in this city. There are now only two schools, Hatfield Road and the new Church school, where football teams can be said to be raised; the younger children are just beginning to learn the game when they have to leave their junior schools.

In the Rural District, diphtheria has been prevalent at Wheathampstead and has been so to a lesser degree at Redbourn and London Colney. It was necessary to close Wheathampstead school during the summer; scarlet fever was somewhat prevalent throughout the whole district.

The new school at Wheathampstead has considerably relieved the overcrowding which existed in the old building, and the new County Council school at London Colney has had a similar effect on the Church of England school. The Redbourn schools are not up to modern standards, but there is no overcrowding and there is ample playing space.

Dr. Cox (Watford).

The Medical Officer of Health of the Borough of Watford is responsible for medical inspection of the following schools:—Chater, Field, Parkgate Road, Holy Rood Roman Catholic, Beechen Grove Junior Mixed, Higher Elementary and Beechen Grove Special, and the following report therefore relates chiefly to these schools.

The children of these schools constitute about half the total number in the elementary schools of the Borough, the remaining schools in the town being dealt with by Dr. Buchanan.

In all, 1,119 children were examined in the course of routine inspection. Of these 1,119 children, 367 (or 31·3%) were found to be suffering from defects which required medical treatment. Altogether the 367 children were suffering from 416 defects, as it is quite common for one child to have two conditions which require treatment, e.g., enlarged tonsils and carious teeth.

In the majority of cases treatment was obtained by the parents on, or shortly after, receiving notification of the defect from the medical inspector.

Forty-six cases of tonsils and adenoids received operative treatment in 1933, as compared with 66 in 1932 and 82 in 1931. The policy of advising removal in certain specified conditions has again been followed as reported last year. These conditions are as follows, septic tonsils causing general toxæmia or considerable enlargement of the cervical lymphatic glands, or tonsils causing obstruction to breathing. In addition in the case of adenoids it was considered necessary to advise removal in cases of deafness, or when a chronic nasal or aural discharge was present due to adenoid growth.

A hundred and fifteen cases of defective vision received treatment by means of spectacles, as compared with 97 in 1932 and 75 in 1931. The increased number of cases does not indicate a greater incidence of visual defect, but a more general recognition on the part of the parents of the necessity for care of the eyesight.

There is a County Council Dental Clinic in Watford in addition to the Dental Clinic of the Borough of Watford. This does not indicate overlapping of authorities, as these two institutions deal with different age periods. The Dental Clinic of the Borough provides treatment for children of the pre-school age (under 5 years), and also

for nursing and expectant mothers. The County Council Clinic is held on behalf of the school children, not only of the Borough, but also from outlying places such as Bushey, Croxley Green, Sarratt, etc. It is satisfactory to find that there is an increasing number of children with sound teeth year by year. This is no doubt largely due to the work of the Clinic, but if it were possible to bring about certain improvements in the diet of school children, this increase of school children with sound dentures would rapidly be speeded up. In addition, this change in dietic habits would result in much less need for dental treatment than is the case at present. It appears that there is great need for further education of public in the matter of diet. The Infant Welfare Centre and the Ante-Natal Clinic are no doubt playing a useful part in giving advice about diet. In addition, the care given to the teeth of young children of pre-school age is of some assistance by providing early treatment.

As regards nutrition there is no doubt that the present times of economic difficulty are having a bad effect on the nutrition of school children. Whilst extreme cases showing marked anaemia and loss of weight are uncommon, there is present in many children a slighter form of anaemia and generally impaired health, due to insufficient food in some cases, and unsuitable diet in others.

As regards cleanliness of the children, the school nurse has carried out the supervision in a very efficient and thorough manner. It is highly satisfactory to report that very dirty or verminous cases become rarer each year. Watford is without doubt a town with a comparatively high standard of cleanliness. The cleanly state of the children is partly due to this fact. In addition, however, medical inspection and the steady work of the school nurse year after year have also played an important part in providing this state of affairs. The nurse has held 71 primary inspections in the schools during the year, and on 159 occasions has re-visited the schools to follow up the work. The number of inspections and re-inspections reached the total of 20,294 during last year.

The policy of disinfecting classrooms in the various schools after the occurrence of a case of scarlet fever or diphtheria has been continued during the past year. The classrooms are sprayed with formalin solution, but the value of this process is greatly enhanced if it is followed by thorough cleansing on the part of the caretaker and free ventilation of the premises. It should also be noted that any

school books which are suspected of infection will be disinfected at the Public Health Department free of charge on application by the head teacher. It is advisable to burn exercise books or other less valuable articles which have been used by the case, if they are of a nature to harbour infection.

The number of classrooms disinfected during the year 1933 was 50, as compared with 51 in 1932, 71 in 1931 and 120 in 1930, the lesser number of disinfections being due to diminished prevalence of scarlet fever and diphtheria, during the greater part of the year. Influenza was rife at the beginning of the year and measles, mumps and chicken pox later on. These diseases played havoc with school attendance towards the close of the year in certain schools. School closure was not resorted to, but certificates of low percentage attendance were issued when required.

Dr. Buchanan (Watford).

Epidemics of measles, mumps, chicken pox, whooping cough and influenza occurred in various schools. There were no school closures during the year.

The good standard of clothing and nutrition amongst the vast majority of the children appears to have been maintained in spite of the continued unemployment. A few necessitous cases have been noted. These have been supplied with free milk. Gifts of clothing from families who are in better circumstances have been very useful for children in need.

Attention has been paid during the year to the defect of stammering. I have inquired into the number of children who might benefit by the institution of special classes for this defect. The number of children who noticeably stammer in the various schools under my care are:—6, 7, 0, 0, 1, 0, 0, 1, 2, 1, i.e., a total of 18 children. One can only conclude that there are not sufficient children at present to justify such classes in Watford.

I continue to observe improvement in the general health and other good results from the operative treatment of tonsils and adenoids, and I am glad to note the highly satisfactory way in which the operations are performed. I find that the parents are well satisfied with the attention and care which their children receive at the Peace Memorial Hospital.

The number of cases of heart disease continues to show a satisfactory diminution, and now closely approximates to that of the public schools, where it is well known that it is rare to find a case of cardiac disease.

Talks are frequently given at all the schools on traffic dangers and "Safety First." It is satisfactory to note that no child has met with an accident in the immediate vicinity of Garston school since it was opened. It will be recollected that some apprehension was felt when the site was chosen at the cross-roads of the Watford by-pass and main St. Albans roads.

The teachers at Callow Land girls' and infants' school draw attention to the defects in lighting, and to the lack of heating in the corridors and cloakrooms. The outside of the school was re-decorated in August. Casement windows in the girls' school have been made to open, thus improving ventilation. At Victoria school, the lighting in the girls' and infants' departments appears to be still insufficient: the inverted cup or dome-shaped reflectors obstruct the light more than shallow reflectors would do. Additional facilities for winter heating have been added in the infants' department.

Certain schools have more children than was originally intended. Alexandra Mixed, with a normal accommodation for 490 children, has 627 names on the books. Over-crowding is avoided by the use of neighbouring buildings. The central hall is also used as a classroom. It is hoped that matters will be adjusted when the new Leggatts Way school opens in September.

Dr. Grattan (Welwyn Garden City).

In the schools in the Welwyn Garden City and the Welwyn Rural District, with the exception of an outbreak of influenza early in the year, the general health has been good. Seven of the eight schools in the two districts were closed for six to ten days in January on account of influenza.

During the year under review four cases of scarlet fever were notified among pupils who attended four different classes in Welwyn School. No cases of diphtheria were notified in Welwyn Rural District, and only one among pupils of Elementary Schools in Welwyn Garden City.

At the commencement of the autumn term, pasteurised milk was substituted for the ordinary milk supplied by the School Milk Clubs in Welwyn Garden City.

School dinners are provided in three of the four schools in Welwyn Rural District, and the daily number of dinners served has risen to sixty in Welwyn school, where the arrangements are now on a self-supporting basis. The educational value of these school dinners is very great.

In the schools in the Hatfield Rural District the health of the pupils has been very good. Influenza and influenzal colds were prevalent at the beginning of the year, and one school (North Mimms Boys) was closed for some days on this account.

The water supply to Westfield school was found to be unsatisfactory. The water is obtained from a shallow well by means of a pump. The well was thoroughly cleaned out, and the surroundings and cover to the well re-conditioned. The School Managers decided, as an additional safeguard, to chlorinate the water on the advice of the County Analyst. This is being carried out daily.

Ponsbourne school is provided with water from a deep well. As the Council's main passes within a few yards of the school premises, it is suggested that the question of supplying the school with public water be considered. Modern sanitary arrangements could then be installed and connected up to the system of main drainage which is available a few yards distant.

One cannot fail to be impressed with the hygienic conditions which obtain in the elementary schools in Hatfield Town. The junior pupils attend Newtown school, where there is accommodation for 480 scholars. The new buildings are provided with central heating and other public services.

The facilities for practical education in St. Audrey's Technical School, which was opened in September, 1932, are unrivalled. The subjects taught are woodwork and carpentry, needlework, cooking, homecraft and science, including domestic science. The problem of how to improve home conditions is solved by the instruction provided in an Institution of this nature.

CHAPTER III.—PHYSICAL RECORDS AND DEFECTS.

The number of children inspected during 1933 was 14,667, compared with 15,476 for the previous year; this includes 128 special inspections. The average number of children on the books has further increased, being 45,421, compared with 44,234. The number of schools included in the scheme of inspection was 249, compared with 250 last year.

Table IV gives particulars of the inspections in relation to district and sex, and of the percentages of defects and directions given. Of the total number of children examined, in 27·9 per cent. defects were found requiring directions compared with 29·4 last year. The number of directions given with a view to the treatment or correction of minor ailments and defects was 5,015, compared with 5,651 last year.

TABLE IV.—Defects and Directions, 1933.

Sex.	District.	Total Inspections	Defects for which directions were given.			
			Number of children requiring Directions.	Percentage.	Number of Directions given.	Percentage.
Boys	Urban	5224	1378	26·4	1687	32·3
	Rural	2200	706	32·1	854	38·8
	Urban and Rural ...	7424	2084	28·1	2541	34·2
Girls	Urban	5138	1364	26·5	1661	32·3
	Rural	2105	650	30·9	813	38·6
	Urban and Rural ...	7243	2014	27·8	2474	34·1
Boys and Girls	Urban	10362	2742	26·5	3348	32·3
	Rural	4305	1356	31·5	1667	38·7
	Urban and Rural ...	14667	*4098	27·9	*5015	34·2

* The difference between the two totals is due to more than one direction being given in the case of certain children.

Table V gives particulars of the various defects found in the course of the medical inspection of 14,667 children and of those referred for treatment and requiring to be kept under observation. The defects for which treatment was most frequently required were dental disease, 13·4 per cent. compared with 14·5 per cent. last year; defective vision, 3·9 per cent. compared with 4·0 last year; enlarged tonsils, 6·5, compared with 7·0 last year, non-tuberculous cervical glands, 1·1 per cent., compared with 1·04 last year; and enlarged tonsils and adenoids, 3·1 per cent. compared with 2·9 per cent. last year.

TABLE V.—Return of Defects found in the course of the Medical Inspection of 14,667 children in 1933.

Defect or Disease.		Boys.		Girls.		Total.		Percentage.	
		Number referred for Treatment.	Number requiring to be kept under Observation.	Number referred for Treatment.	Number requiring to be kept under Observation.	Total number referred for Treatment.	Total number requiring to be kept under Observation.	Percentage referred for Treatment.	Percentage requiring to be kept under Observation.
Skin	Malnutrition - -	38	364	40	303	78	667	·5	4·5
	Uncleanliness—								
	Head - - -	14	61	63	127	77	188	·5	1·3
	Body - - -	25	121	16	77	41	198	·3	1·3
	Ringworm—								
	Head - - -	—	—	—	—	—	—	—	—
	Body - - -	1	—	2	—	3	—	·02	—
	Scabies - - -	2	—	2	—	4	—	·03	—
	Impetigo - - -	12	10	7	14	19	24	·1	·2
	Other Diseases - -	12	28	6	18	18	46	·1	·3
Eye	Blepharitis - - -	17	30	22	21	39	51	·3	·3
	Conjunctivitis - -	1	1	1	2	2	3	·01	·02
	Keratitis - - -	—	—	—	—	—	—	—	—
	Corneal Opacities -	—	1	—	2	—	3	—	·02
	Defective Vision -	258	256	309	268	567	524	3·9	3·6
Ear	Squint - - -	80	32	93	25	182	57	1·2	·4
	Other Conditions -	3	5	5	7	8	12	·05	·08
	Defective Hearing -	10	32	8	18	18	50	·1	·3
	Otitis Media - - -	7	17	6	20	13	37	·09	·2
	Other Ear Diseases -	5	—	7	11	12	11	·08	·07
Nose and Throat	Enlarged Tonsils -	470	685	479	703	949	1388	6·5	9·5
	Adenoids - - -	41	38	28	52	69	90	·5	·6
	Enlarged Tonsils and Adenoids	241	158	216	171	457	329	3·1	2·2
	Other Conditions -	—	—	—	—	—	—	—	—
Enlarged Cervical Glands (non-tuberculous) - -		93	377	63	293	156	670	1·1	4·6
Defective Speech - - -		7	19	1	24	8	43	·05	·3
Teeth—Dental Diseases - -		1005	1026	966	906	1971	1932	13·4	13·2
Heart and circulation	Heart Disease—								
	Organic - - -	12	20	12	15	24	35	·2	·2
	Functional - - -	19	70	19	56	38	126	·2	·8
Lungs	Anæmia - - -	6	31	8	32	14	63	·09	·4
	Bronchitis - - -	3	25	1	15	4	40	·03	·3
	Other Non-Tuberculous Diseases	35	19	14	15	49	34	·3	·2
	Pulmonary—								
Tuberculosis	Definite - - -	—	3	12	1	12	4	·08	·03
	Suspected - - -	9	—	2	1	11	1	·07	·01
	Non-pulmonary—								
	Glands - - -	1	6	—	6	1	12	·01	·08
	Spine - - -	—	1	—	—	—	1	—	·01
	Hip - - -	—	1	4	—	4	1	·03	·01
	Other Bones & Joints	1	1	1	1	2	2	·01	·01
	Skin - - -	—	—	—	—	—	—	—	—
	Other Forms - - -	—	2	—	—	—	2	—	·01
	Other Conditions -	6	—	7	—	13	—	·09	—
Nervous System	Epilepsy - - -	2	5	2	3	4	8	·03	·05
	Chorea - - -	—	2	2	6	2	8	·01	·05
Rickets - - -		2	10	1	6	3	16	·02	·1
Deformities - - -		60	39	55	27	115	66	·8	·4
Thyroid Glands - - -		2	1	4	5	6	6	·04	·04
Other Defects and Diseases -		34	40	31	25	65	65	·4	·4

TABLE VI.—Closure of Schools during 1933.

	REASONS FOR CLOSURE.								Total number of Closures for all reasons.
	Measles.	Scarlet Fever.	Whooping-cough.	Diphtheria.	Chicken-pox.	Influenza.	Mumps.	Other Causes.	
No. of Closures—									
Urban - - -	2	5	2	—	1	§17	—	—	27
Rural - - -	*4	†2	—	‡4	—	19	—	1	30
No. of Re-closures—									
Urban - - -	—	—	—	—	—	6	—	—	6
Rural - - -	—	—	—	—	—	9	—	—	9
Total: Urban -	2	5	2	—	1	23	—	—	33
Rural - - -	4	2	—	4	—	28	—	1	39
All in 1933 -	6	7	2	4	1	51	—	1	72

* Includes 2 Measles and Influenza.

† „ 1 Scarlet Fever and Influenza.

‡ „ 1 Diphtheria and Scarlet Fever.

§ „ 1 Influenza and Whooping-cough.

Closure of Schools.—Schools were closed on 72 occasions during 1933, compared with 25 occasions during 1932. The chief causes of school closure during the year were: Influenza, 51, compared with 2 occasions last year; measles, 6, compared with 16 for the previous year; scarlet fever, 7; chicken-pox, 1; and diphtheria, 4 occasions.

The extent to which the closure of schools is applied owing to the prevalence of infectious disease varies. In some outbreaks closure is unavoidable as for instance during an outbreak of influenza when members of the staff are attacked. Pressure is sometimes exercised on the School Medical Officer to apply closure when it is not considered to be absolutely necessary. Closure should only be applied for reasons of public health when it is necessary for the control and prevention of infectious disease.

In the memorandum which has been referred to in previous reports the Board of Education emphasizes the fact that “if during epidemics of infectious disease, the power to exclude individual children from school be used to the best advantage, it is only in special and quite exceptional circumstances that it will be necessary to close a school in the interests of public health.” It is further pointed out that as a general rule and apart from exceptional circumstances, closure of the school is not justified unless all the following conditions are simultaneously present (a) evidence pointing to the continued meeting of children in school as a source of infection; (b) cases of infectious disease continuing to occur after every effort has been made to discover the infecting cause, and (c) good reason to expect that closure will considerably reduce the likelihood of exposure to infection.

With reference to certain infectious diseases, such as measles and whooping cough, the memorandum points out that while school attendance may be greatly lowered during the prevalence of such diseases, a large proportion of children have already contracted the disease or been exposed to infection and school closure will therefore do little to prevent further spread of the disease. The Code now provides that if the average attendance of a school is below a certain percentage of the number on the books owing to the prevalence of epidemic disease in the district, and if the school remains open the attendances need not be counted for the purpose of reckoning the average attendance on which the grant is paid.

The routine measures to be adopted in the prevention of infectious disease in schools are defined and discussed as follows:—

(1) Exclusion of suspected cases—any child who presents symptoms suggestive of any of the common infectious diseases or who appears to be ill should immediately be excluded; (2) the immediate contacts of any case of infectious disease should be excluded except in the case of certain diseases of which the contact has previously had an attack. Teachers and parents should be encouraged to exclude all contacts and suspects. (3) The examination of the children of a class in which a case of infectious disease has occurred. In the case of diphtheria the nose and throat of doubtful cases and of the contacts of actual cases should be swabbed. (4) The following up of children suspected to be absent through infectious disease with a view to suitable action being taken. (5) Disinfection by spraying with formalin or izal and cleaning which includes the disinfections of books, pencils,

pens, etc., and washing floors and woodwork with water containing some antiseptic. (6) Ventilation and suppression of dust and the cleanliness of school premises; these are of special importance during the winter months.

In investigating an outbreak of diphtheria or scarlet fever in a school efforts should be directed to discovering, excluding and treating a carrier or carriers of virulent strains of the organism. In the case of diphtheria the strain of organism found in carriers should be tested for virulence so that all efforts may be concentrated on the carrier of the virulent strain. In the case of scarlet fever swabs from the nose and throat of contacts have shown the presence of carriers of the streptococcus haemolyticus (S.F. strain). In one school an outbreak of scarlet fever was not got under control until carriers were segregated and treated. The treatment of carrier by means of the local application of anti-diphtheria and anti-streptococcal (S.F.) serum has given good results in some cases. Protection against diphtheria by means of induced immunization should form part of the scheme of prevention. It should be carried out during the early years below school age.

Early recognition or at least suspicion of a case of infectious disease with immediate exclusion is the first essential step to take to prevent the spread of infection. To facilitate this, the following information regarding infectious diseases has been circulated in the schools.

Public Elementary Schools.

INFECTIOUS DISEASES.

Infectious diseases occur as isolated cases or in epidemic form, the latter especially in schools, and to prevent their spread certain immediate steps must be taken. When a child has, or is suspected of having, any infectious disease the first and most important thing to do is to exclude the child from school, isolate at home, and *call in the doctor*. There are certain symptoms which should always be regarded with suspicion, and when they occur in a child a *doctor should always be called in by the parent*. These symptoms are sore throat, swelling of glands in neck, rash, sickness, fever.

COMMON INFECTIOUS DISEASES.

Scarlet Fever.—Symptoms: sickness, headache, sore throat, fever, flushed face; rash on second day consists of scarlet rash, first on

neck and chest. *Patient* should not return to school until two weeks after release from isolation ; there must be no discharge from nose or ears. *Contacts* excluded for one week after release from isolation. Early isolation.

Diphtheria.—Symptoms : Fever, headache, sore throat, swelling of neck, vomiting, some difficulty in swallowing, discharge from nose ; may be difficulty in breathing. Early treatment very important. *Patient* excluded two or three weeks after end of attack. *Contacts* excluded two weeks after isolation. Early isolation.

Measles.—Early symptoms like a cold, most infectious at this stage. Running of eyes and nose, redness of eyes, fever ; may be vomiting. Rash on third or fourth day, first on face. Chief complication bronchitis. *Patient* excluded for three weeks from date of appearance of rash. *Contacts* : Infants and children who have not had the disease excluded for three weeks from date of onset of last case in house. Early isolation, and keep child in bed.

German Measles.—Much milder than measles. Symptoms : slight fever, sore throat, enlarged and tender glands in neck, rash first day of illness. *Patient* excluded one week from date of appearance of rash. *Contacts* : Infants and other children who have not had the disease three weeks from date of last exposure to patient with rash.

Whooping-Cough.—Early symptoms like cold, running of eyes and nose, cough, slight fever ; after a week cough becomes worse and develops “whoop.” Complications, bronchitis and pneumonia. *Patient* excluded for six weeks from commencement of cough. *Contacts* : Infants only, for six weeks from date of onset of last case or three weeks from last exposure to infection.

Chicken-pox.—Slight fever and headache, but in majority of cases no symptoms before rash which appears first on the face ; fresh crops appear for some days. *Patient* excluded for three weeks or until all scabs have disappeared. *Contacts* : Infants and other children who have not had the disease three weeks from date of last exposure to infection.

Mumps.—Fever, headache, and sore throat in some cases ; pain and swelling of glands below ear, first one side then the other, lasts for seven to ten days. *Patients* excluded until seven to ten days after all swelling has disappeared. *Contacts* : No exclusion.

Malnutrition.—The number of children in whom some degree of malnutrition or impaired nutrition was found was 745, compared with 770 for 1932. Of the total number of children examined, in 0·5 per cent. malnutrition was sufficiently marked to necessitate the child being referred for treatment, compared with 0·6 last year, while in 4·5 per cent., compared with 4·4 last year, there was a slight degree of malnutrition which necessitated the children being kept under observation. The actual number of children with malnutrition sufficiently marked to require treatment was 78, compared with 93 for 1932.

These figures indicate that there has been a decrease in the number of children suffering from impaired nutrition. The arrangements which now exist for the provision of milk and also for midday meals in many country schools, through the agency of milk clubs and by voluntary means, are no doubt an important factor in conserving the nutrition of the children. Due credit must also be given to the parents of many children who live at a distance from schools, for the care they take in seeing that their children have with them sufficient food to constitute a satisfactory midday meal. Many of the teachers also give assistance and supervision to the children, so that they have their meal in some degree of comfort.

The question of the provision of meals for school children in Watford has been dealt with during the year. The following conclusions on the subject were submitted by a special sub-committee of the Watford School Managers:—

(a) That the need (meals for school children) in Watford could not be met by the Guardians Committee or by voluntary agencies, although help might be obtained from the latter course.

(b) That a scheme for the provision of mid-day dinners for necessitous school children should be prepared forthwith to operate at the beginning of next winter or earlier if considered necessary.

(c) That the centre for the serving of meals should be under the control of the school managers, but that a sub-committee of women should be formed to help and supervise in the working of the centre consisting of representatives of the school managers and such bodies as the National Council of Women, the British Legion, the Rotarians, etc.

(*d*) That an appeal for funds for the cost of the food and for voluntary assistance for the work at the centre should be made to these bodies or the public, which the Committee feel confident would be fully met.

(*e*) That the County Council should be asked whether they would assist as follows :—

(i) By granting the use of the vacant building of the St. Andrews Girls' School for preparing and serving the dinners.

(ii) By paying the rates (if any) on the school building, the cost of gas for cooking and the wages of a cook and a cleaner for the building—(*a*) By making a grant for the necessary equipment. (*b*) By allowing the school medical officers to conduct any necessary medical examination of the children.

(*f*) That the Watford & St. Albans Gas Company should be asked for the free loan of gas stoves for cooking.

(*g*) That all children receiving milk from the Guardians Committee under the present arrangement at the time the scheme now proposed is put into operation should be allowed a free mid-day meal, and that the head teachers should be allowed to put forward the names of any further necessitous children for medical examination with a view to similar provision in their case.

The following extract expresses the views of the Board of Education on the relationship between the provision of meals and the school medical service :—

The work of providing meals for children attending public elementary schools is regarded by the Board of Education as intimately connected with the work of medical inspection. Unless it is conducted as a branch of the school medical service, it may degenerate into a system of doles and be administered in a haphazard fashion on merely eleemosynary and sentimental lines. The Board are of opinion that by administering the Act as part of that service, and by the scientific organization of the work with due regard to medical and educational considerations, wasteful and reckless expenditure can be prevented and full value, in the form of increased vigour and more effective education, may be obtained for the expenditure of the Authority.

With regard to the adoption of the scheme, which, however, has been deferred for the present, the County Council passed the following resolutions at its meeting held on 24th July, 1933:—

Recommendations :—

That sections 82 and 83 of the Education Act, 1921, empowering a Local Education Authority to put into operation machinery for the provision of meals for children attending public elementary schools, be adopted for the area of Watford Borough as from the 1st October, 1933, subject to approval by the Education Finance and General Purposes Sub-Committee of details of the proposed scheme in course of preparation by the Managers of the Watford Schools.

That the County Council associate themselves with a voluntary committee, to be called “the Watford School Canteen Committee,” on their undertaking to provide food for under-nourished children attending public elementary schools in the Watford area.

That such Canteen Committee be allowed the use of the old girls’ department of the Watford St. Andrew C.C. school buildings for the above-mentioned purpose and that approval be given to an expenditure not exceeding £150 in the provision of the furniture and apparatus that may be required to carry out the scheme, also to an expenditure not exceeding £150 in the provision of such officers and servants as may be necessary for the organization, preparation and service of such meals.

Cleanliness.—Of the total number of children examined 265 were referred for treatment or to be kept under observation for uncleanliness of the head, as compared with 326 for 1932. Of the total number of children examined, 0·5 per cent. were referred for treatment for this condition, compared with 0·8 last year. The number of children with uncleanliness of the body was 239, compared with 245 for 1932, while the percentage referred for treatment was 0·3, compared with 0·4 last year. These figures are satisfactory, indicating as they do a further improvement in the standard of cleanliness of the school children examined during the year.

Scabies and Ringworm.—Four cases of scabies have been reported during the year, compared with 3 last year. No cases of ringworm of the head was discovered during the routine inspection during the year, compared with 2 last year.

Defective Vision and Squint.—Some visual defect was found in 1,091 of the children examined, compared with 1,139 during 1932. Of the total number of children examined 567, 3·9 per cent., were referred for treatment, compared with 4·0 last year. The number of children with squint referred for treatment was 182, compared with 179, and the number of children with eye disease referred for treatment was 49, compared with 58 last year. From the figures it will be observed that generally the number of children with visual defects and eye disease is lower, but that there is some increase in the number of children referred for treatment for squint. In this connexion it should be stated that greater care is now being exercised in referring children with slight strabismus for treatment.

Teeth.—Of the children examined, 3,903, or 26·6 per cent., were found to have some dental defect, compared with 4,181, or 27·02 per cent. last year. Of the total number of children examined 13·4 per cent. were referred for treatment, compared with 14·5 last year. These figures indicate further improvement in the dental condition of the children. During the last five years the percentages of children referred for dental treatment have shown a steady decrease, being respectively 22·6, 20·1, 17·3, 14·5 and 13·4.

Tuberculosis.—Sixteen cases of definite pulmonary tuberculosis were recorded out of the total number of children examined, compared with 19 last year. Twenty-five cases of non-pulmonary tuberculosis were recorded amongst the children examined, compared with 24 last year.

Adenoids and Enlarged Tonsils.—Some enlargement of the tonsils was found in 2,337 cases, compared with 2,603 cases in 1932. For this condition 6·5 per cent. of the children examined were referred for treatment, compared with 7·0 last year. With regard to adenoids, 159 cases were reported, compared with 193 last year, while 0·5 per cent. were referred for treatment, compared with 0·4 last year. There were 786 cases of tonsils and adenoids occurring together, while 3·1 per cent. of the children examined were recommended treatment for this condition, compared with 2·9 last year. From these figures it will be observed that fewer cases of enlarged tonsils have been detected and that the percentage of such cases referred for treatment has been lower. As regards adenoids and enlarged tonsils and adenoids occurring together, while the number of cases has been less the percentage of cases referred for treatment has in both instances been slightly higher.

Enlarged Glands.—Some enlargement of the cervical or sub-maxillary glands was found in 826, compared with 952 last year, which shows a distinct decrease.

Non-Tuberculous Respiratory Diseases.—Forty-four children were found to have bronchitis, compared with 48 last year, and 83 were recorded as suffering from other respiratory conditions, compared with 111 last year, a considerable decrease.

Physically Defective Children.—During the year 68 children were recorded as suffering from defective hearing, compared with 95 last year, the percentage referred for treatment for this condition being 0·1. The number of children suffering from defective speech was 51, compared with 71 last year, and the percentage referred for treatment for this condition was 0·05, compared with 0·1 last year. The presence of deformities is reported in 181, the percentage referred for treatment being 0·8, compared with 0·6 last year. This increase is no doubt due to increased effort to detect and to treat not only obvious deformities, but also those of minor degree, under the orthopaedic scheme of the Hertfordshire Branch of the Red Cross Society.

Nervous Diseases.—Twelve cases of epilepsy were reported, compared with six last year. There were 10 cases of chorea compared with 11 last year. Other nervous conditions were found in 13 children, compared with 10 last year.

Enlarged Thyroid.—Some enlargement of the thyroid gland was found in 12 children, compared with 20 last year. In 6 of the 12 cases treatment was recommended. The number of cases of enlargement in the three age-groups was as follows: 5—6 years, 2 girls; 7—9 years, 1 boy and 1 girl; 10—12 years, 2 boys and 6 girls; the total number of girls being 9, as compared with three boys.

Rickets.—This condition was found in 19 children, compared with 26 last year. Of these 3 were referred for treatment. The majority of the children with rickets are now referred for expert advice and treatment to the orthopaedic clinics.

Other Defects and Minor Ailments.—Impetigo contagiosa called for treatment in 0·1 per cent. of the children examined, the same as last year. The percentage of cases of otitis media recommended for treatment was 0·09, compared with 0·1 last year, and for other ear diseases 0·08. The percentage of children referred for

treatment for anæmia was 0·09 compared with 0·2 last year. The number of children with evidence of cardiac disease, including both organic and functional disease, was 223, compared with 235 last year, of which 62 were referred for treatment and 161 were kept under observation. The percentage referred for treatment for organic cardiac disease was 0·2, compared with 0·1 last year, and for functional disorder 0·2 compared with 0·4 last year.

Vaccination.—The percentage of school children who were found to be vaccinated continues to decrease. Of 14,667 children examined, 4,456 were vaccinated and 10,211 unvaccinated, the percentage of vaccinated being 30·4, compared with 31·8 last year, and the percentage not vaccinated being 69·6, compared with 68·2 for the previous year.

CHAPTER IV.—THE TREATMENT OF DEFECTS AND MINOR AILMENTS.

Apart from some extension there are no special developments to report in the scheme of the Education Authority for the treatment of defects and minor ailments in school children. New arrangements for dental treatment have been made at Buntingford and arrangements are under consideration for the establishment of an additional one at Knebworth. A new massage clinic has been opened at Buntingford by Hertfordshire Branch of the Red Cross Society.

Operative Treatment for Tonsils and Adenoids.—During the year, 740 school children were operated upon under your Council's scheme for tonsils and adenoids, compared with 1,190 last year. This shows a considerable decrease which is due to the fact that more careful consideration is now given to the indications for operative treatment.

Correction of Defective Vision.—Children with defective vision are referred by the Assistant School Medical Officers to the ophthalmic surgeons in their respective districts. The number of children found to have some degree of defective vision was 1,091, compared with 1,139 in 1932, and the number referred to ophthalmic surgeons was 1,085, compared with 1,025. The number of children supplied with glasses was 914, compared with 996 last year. These figures do not show much variation; it will be observed that while fewer children were found with some degree of defective vision, and fewer children were supplied with glasses, the number referred to the ophthalmic surgeons was somewhat higher.

Dental Treatment.—The arrangements for the provision of facilities for dental treatment are as follows. (a) Two whole-time dental surgeons. (b) Nineteen County Council dental clinics at Hertford, Hatfield, St. Albans, Watford, Stevenage, Hitchin, Letchworth, Waltham Cross, High Barnet, New Barnet, Hoddesdon, Radlett, Kings Langley, Bishop's Stortford, Puckeridge, Welwyn, Whitwell, Welwyn Garden City and Lemsford. (c) Two voluntary clinics, one at Harpenden and one at Ware. (d) Arrangements with dental surgeons to carry out treatment in the case of school children at Royston, Barley, Barkway, Buntingford, Berkhamstead and Tring.

Particulars of the work carried out at the various dental clinics in the county are given in the tables at the end of the report. The following report submitted by the sub-committee which supervises the work at the County Council Dental Clinic at Watford indicates the character of the work carried out there.

The number of attendances of children has increased by 149, but the number dealt with at each session remains, as last year, at 14·8 children. There has been an increase in the number of gas days, it being necessary to arrange 7 more than last year. There was an increase in the number of teeth extracted, viz., 1,116, mostly temporary teeth, thus showing the need for the additional days. This, however, does not necessarily indicate that the condition of the teeth of the children under examination was inferior to that of previous years. It is in reality the adoption of a more drastic treatment of the carious teeth in the earlier stages. The dentists are confident this will reduce the need for treatment later.

By improved methods and skill it has been possible to accomplish this in one visit per child, in contrast to the previous one of several visits. In consequence more individual cases have been able to receive treatment. The records also show that there has been a reduction in the period of time elapsing between successive inspections at the schools, but we feel that there is a definite need for a further reduction. At present the average period is once every 2·5 years.

We wish again to record our appreciation of the skill and devotion of the dentists and anæsthetist, and can confer no higher praise on the efforts of the school nurse than to report that she has maintained the smooth, effective and economic running of the centre with her usual high state of efficiency.

Treatment of Ringworm.—Arrangements for the X-ray treatment of ringworm continue with the authorities of the Royal Free Hospital, Gray's Inn Road. During the year 7 cases of ringworm have been treated by this method, compared with 6 last year. Five cases have received treatment at the London Hospital.

Minor Ailments.—The number of defects treated at the two minor ailment clinics at Hitchin and Hatfield was 160, compared with 186 last year, and the number treated as a result of following up by the school nurses was 1,525, compared with 1,488 last year. Particulars of the various minor ailments and defects treated under this heading are given in the appendix at the end of the report. Of the total number of defects of all kinds treated in connection with clinics and school nursing 89·2 per cent. were successfully treated or are still under treatment, compared with 86·8 per cent. last year.

Orthopædic and Massage Treatment.—School children suffering from various orthopædic defects are referred to the orthopædic and massage clinics in the county for expert advice and treatment.

The British Red Cross have established in Hertfordshire 6 orthopædic centres, and 9 massage clinics.

The massage clinics are at Harpenden, Hatfield, Hitchin, Letchworth, St. Albans, Watford, Welwyn Garden City and Hoddesdon. They are open at least 3 days in the week, and some of them 6 days. They are staffed by fully qualified masseuses, and are under the control of the county supervisor. A new massage clinic was opened at Buntingford in March, 1934.

Patients at Bishop's Stortford and the surrounding districts are treated at the massage department at Bishop's Stortford Hospital. A variety of forms of treatment is given, including massage, galvanism, faradism, radiant heat, remedial exercises, and re-education, and application of splints and plasters. An artificial sunlight lamp has been installed at St. Albans Clinic.

The orthopædic centres are at St. Albans, Hitchin, Letchworth, Watford, Hoddesdon, and Bishop's Stortford. They are visited at regular intervals by the Orthopædic Surgeon, who there sees all the infants and school children who are sent for treatment by the infant welfare doctors and the school medical officers. He also sees any cases sent for an opinion by their local medical practitioner. The cases sent by their local medical practitioners are chiefly adults.

The number of cases dealt with during the year is higher, being 1,920, compared with 1,772 last year; of the total number attending, 360 were between the ages of 5 and 15, and 302 were under 5 years. The number of patients sent to hospital was 69, the same as last year.

In the following tables particulars are given of the various defects found in children attending the clinics and centres:—

TABLE VII.—Giving particulars of various defects and morbid conditions dealt with at the Orthopædic Clinics and Centres during the year.

Structure.	Condition.	Under 5.	5 to 15.	Adults.	Total.
Bones & Joints (Congenital).	Deformity of upper limb -	3	5	2	10
	Deformity of lower limb -	54	19	2	75
	Deformity of head & trunk	11	8	2	21
Bone & Joints (Acquired).	Deformity of upper limb -	1	2	1	4
	Deformity of lower limb -	154	40	41	235
	Deformity of head & trunk	1	9	12	22
Bones - - -	Infections - - - -	1	6	7	14
	Injuries & Fractures -	5	63	214	282
	New Growths - - -	—	3	5	8
	Amputations - - -	—	2	3	5
Joints - - -	Infections—Arthritis -	—	5	193	198
	Tuberculosis -	3	17	12	32
	Injuries - - - -	1	19	169	189
Central Nervous System.	Infantile Paralysis - -	3	33	5	41
	Hemiplegia - - - -	2	9	14	25
	Spastic Paralysis - -	3	4	—	7
	Encephalitis Lethargica -	—	—	—	—
	Other Conditions - -	—	1	10	11
Peripheral Nervous System.	Injuries to Nerves - -	6	2	11	19
	Neuritis & Sciatica - -	—	—	126	126
	Other Conditions - -	—	1	6	7
Connective Tissues	Scars, fibrositis, etc. -	1	2	76	79
Muscles & Tendons		33	98	178	309
Constitutional -	Rickets - - - -	2	1	—	3
	Rheumatism - - - -	1	2	124	127
Vascular System -		2	2	20	24
Other Conditions -		15	7	25	47
		302	360	1,258	1,920

EXPLANATORY NOTES.

Acquired Deformities of Lower Limbs.

Includes all cases of knock knees and bow legs.

Muscles and Tendons.

Includes cases of postural kyphosis, scoliosis and early flat feet.

The only cases included under the heading "Rickets" are those having no definite deformity.

When a case of rickets has a definite deformity, this case is included under the special heading which refers to such deformity.

TABLE VIII.—Giving the number of patients sent to Hospital and attending Clinics during the year.

Number of Patients sent to Hospital.				Number of Patients attending Orthopædic Centres and Clinics.		
	Under Five.	Five to Fifteen.	Over Fifteen.	Under Five.	Five to Fifteen.	Over Fifteen.
In-patients -	19	29	16	302	360	1,258
Out-patients -	—	—	5			
Total -	19	29	21			

CHAPTER V.—SCHOOL NURSING.

The results of school medical inspection as regards benefit to the health of the school child depends in large measure on the work of the school nurse. Her duties are varied and they are carried out in regular routine, quietly and without much evidence of their importance or value, but with results which are shown in the accompanying table. The improvement in cleanliness is to be traced almost entirely to the efforts of the school nurse. She is to a large extent responsible for the high percentage of defects and minor ailments which are treated and remedied, by facilitating the attendance of children at hospitals and clinics, by following up and treating minor ailments and by seeing that parents co-operate in securing the treatment which has been recommended.

The visits of the nurses to the schools for inspections as to personal cleanliness average for the year 14·9, compared with 16 last year. During the year the number of children found to be verminous was 305, compared with 366 for the previous year. The total number of examinations and re-examinations of school children made by the school nurses for cleanliness and minor ailments was 264,659, compared with 256,814 last year, and the number of children cleaned and re-cleaned was 2,092, compared with 2,107.

The work of the school nurses in the following up of the various defects detected by school medical inspection continues to be excellent. From the following table it will be seen that throughout the county 89·2 per cent. of the defects reported upon were treated satisfactorily, as compared with 86·8 last year, a figure which is highly satisfactory and emphasizes the value of the work carried out by the school nurse. In the following table Miss Harrington, the County Health Visitor and County Superintendent of Nurses, gives particulars of the excellent work carried out during the year.

TABLE XI.—Work of School Nurses during 1933.

	Returns from Nurses employed by Local Nursing Associations undertaking School Nursing.	Returns from County Council School Nurses.	Watford— Mrs. Stokes.	Grand total of all School Nursing and Clinic work.
Number of Schools	216	17	13	246
Number of Children	34,106	3,980	7,100	45,186
Medical inspections and clinics attended	1,556	126	285	1,967
Number of other visits to schools	3,078	354	230	3,662
Number of examinations and re-examinations for cleanli- ness and minor ailments ...	220,508	23,857	20,294	264,659
Number of individual children found verminous	287	2	16	305
Number of individual children found unclean	1,071	43	190	1,304
Number cleaned and re-cleaned	1,866	47	179	2,092
Number of visits to Parents <i>re</i> defects and uncleanliness ...	10,296	1,670	1,248	13,214
Total number of defects re- ported on	8,452	1,032	1,201	10,685
Number treated satisfactorily and number receiving medical advice	7,463	938	1,128	9,529
Percentage treated satisfac- torily and receiving medical advice	88·3	91·0	93·9	89·2

CHAPTER VI.—THE MENTALLY AND PHYSICALLY ABNORMAL CHILD.

Each year increased efforts are made to ascertain those children who, owing to some physical or mental defect, are unable to derive sufficient benefit from instruction in an ordinary elementary school. Information regarding such children is obtained mainly through the School Medical Officer, the School Teacher, the School Nurse and School Attendance Officer. It occasionally happens, however, that for some reason a child belonging to this special group has been overlooked, usually a child who is not attending school. Such children are sent to special schools, in some of which treatment suitable to the special physical defect is combined with educational facilities. With a view to providing that no children belonging to this group are overlooked special instructions have again been issued to School Attendance Officers to bring to the notice of the School Medical Officer any child who does not attend school owing to some physical or mental defect.

The Mentally Defective Child.—During the year 48 children were examined as to their mental condition compared with 41 last year. Of this number 24 were recommended for admission to a special school, and 6 were referred as ineducable to the Committee under the Mental Deficiency Act. At the present time there are 99 children attending certified schools for mentally defective children, compared with 101 last year. All children, with one or two exceptions, are specially examined by Dr. Boycott, who employs the Stanford revision of the Benet Simon tests in arriving at a decision as to the standard of intelligence of each individual child. Educable mentally defective children are sent to Kingsmead Residential School or the Special Day School at Watford. The provision which has now been made for the institutional accommodation of ineducable mentally defective children in Cell Barnes Colony has met a difficulty as regards dealing with such children which had previously been experienced.

The Dull and Backward Child.—During the year reports were received of 15 children of this type. In one or two schools in the county special classes are provided for the dull and backward children, and every child who on examination and testing is regarded as dull and backward is recommended for special attention by the teacher.

The Blind Child.—At the present time 11 blind children are attending certified schools or classes for the blind, compared with 12 last year.

The instruction of the blind child by correct methods is important, in order to enable him to carry out some remunerative occupation in the future. Special attention is paid to the partially blind child; those who attend ordinary elementary schools are brought to the notice of the teacher, so that over-strain may be avoided as far as possible. Such children have usually a severe degree of myopia.

The Deaf Child.—During the year no deaf or partially deaf children were recommended for admission to a special school. At the present time there are 16 totally deaf or deaf and dumb children in certified schools for the deaf. Special attention has recently been given to the adoption of measures to prevent deafness when such is due to preventable causes. Children suffering from infective conditions likely to lead to permanent deafness are referred to special hospitals for treatment; most of these children are under school age and the majority are seen at infant welfare centres.

The Epileptic Child.—During the year particulars were received of 3 epileptic children. At the present time 2 epileptic children are in special schools for epileptics.

Physically Defective Children.—These are children who are crippled or who suffer from some physical defect. Particulars of the work carried out in connection with the treatment of physically defective children are given in the section dealing with orthopædic treatment. At the present time there are 9 physically defective children in special schools.

CHAPTER VII.—REPORT ON THE WORK AT SPECIAL SCHOOLS FOR MENTALLY DEFECTIVE CHILDREN, Kingsmead School.

SCHOOL MEDICAL OFFICER'S REPORT.

During the year 1933 there were admitted to the School 18 children: 8 boys and 10 girls; of those admitted, 8 were county cases and 10 were out-county cases. There were 17 children discharged during the year, 7 boys and 10 girls, of which 7 were county cases and 10 out-county cases.

In the following table particulars are given of the procedure adopted in the case of the children discharged during the year.

	<i>Boys.</i>		<i>Girls.</i>		<i>Total.</i>
	<i>Herts.</i>	<i>Out-County.</i>	<i>Herts.</i>	<i>Out-County.</i>	
Discharged into care of Parents - -	1	2	1	1	5
Discharged to other Authorities - -	-	1	3	3	7
Discharged as unsuitable or otherwise dealt with - - - -	1	2	1	1	5
Total - - - -	2	5	5	5	17

PHYSICAL CONDITION OF CHILDREN.

While the general health of the children has on the whole been good the school has been visited by two outbreaks of epidemic disease during the year. Early in the year 11 cases of chicken-pox occurred; the children were all nursed and treated in the home and they all made a good recovery. After the return of the children to school from their summer holidays there was an outbreak of scarlet fever affecting in all 18 children and one attendant. The source of the infection was a child who had been in contact with the disease in the hop fields. All the members of the staff had swabs taken and one or two who were found to be carriers of the streptococcus were excluded and treated. The children with scarlet fever were sent to the isolation hospitals at Cheshunt, Barnet and Letchworth, which accepted them without demur, while the isolation hospital of the district which is situate next to the school declined to admit them. It is satisfactory to be able to report, however, that this extraordinary position of not being able to get Kingsmead children suffering from infectious disease into the Hertford and Ware Isolation Hospital will be altered in future.

All the children with scarlet fever recovered and have returned to school. One child was sent to the Cheshunt Isolation Hospital as a suspicious case of diphtheria, but the results of the examination were negative and the child was returned to school. Three children were sent to Hertford County Hospital for operative treatment for such conditions as abscesses and cataract; one child had special light treatment at the hospital for scalp disease and has now recovered. There were no serious accidents during the year.

The increase in the weight of the children has been well maintained during the year. All the children with one exception have gained weight. Some of the children have made considerable increase in weight during the year; the highest increase in boys being $23\frac{3}{4}$, 18, 16, 13 (six) and 10 lb. (six) and in girls $20\frac{1}{2}$, $19\frac{1}{2}$, $16\frac{3}{4}$, $15\frac{1}{2}$ (two) and over 10 lb. (eight).

There are two routine examinations of all children during the year with, in addition, a special examination of all leavers. At other times children are examined as and when required for minor ailments, illness or accidents. During the year 11 children were examined for defective vision, 30 received dental treatment and four had operative treatment for enlarged tonsils and adenoids.

MENTAL CONDITION OF CHILDREN.

In previous reports reference has been made to the method of instruction adopted in the school and to the importance which is attached to manipulative training and instruction in handwork. If the child responds satisfactorily to manipulative training and possesses some degree of initiative and application he should be able to follow some useful employment even if some defects are likely to be permanent. The care which is exercised to secure that only children likely to respond to instruction are admitted is shown by the standard of intelligence of the children on admission as given in the following table:—

<i>Intelligence Quotient.</i>				<i>Girls.</i>	<i>Boys.</i>	<i>Total.</i>
Under 55	-	-	-	1	1	2
55—60	-	-	-	1	2	3
60—65	-	-	-	4	1	5
65—70	-	-	-	3	1	4
70—75	-	-	-	1	2	3
Over 75	-	-	-	—	1	1
				—	—	—
Total	-	-	-	10	8	18
				—	—	—

During the year five children were discharged from the school as unsuitable and two children were transferred to Cell Barnes Colony.

The provision of certified accommodation in Cell Barnes Colony will prove a distinct benefit to the administration of the School as regards the admission and discharge of children. It will enable greater care to be exercised in the selection of cases for admission and it will

lessen the difficulty which has been experienced in the past in discharging children who, after a period of trial, have failed to respond to instruction or who are otherwise unsuitable. It will be observed from the figures given above that of the 18 children admitted during the year only two had an intelligence quotient under 55 per cent. and that 13 had a quotient above 60 per cent.

In the case of the lower-grade children reports as to their progress made to the instruction given are submitted from time to time to enable a decision to be taken as to whether they should be retained or discharged; as regards the discharge of such cases this will now be facilitated by the accommodation available at Cell Barnes. In the case of all children transferred to Cell Barnes a copy of the final report on the child will be sent to the Medical Superintendent of the Colony so as to secure that the necessary continuity as far as is practicable in the training of the defective is maintained.

CONCLUSIONS.

The work of the school has been carried out in an efficient manner during the year, although it has suffered to some extent from the presence of epidemic disease; outbreaks of chicken-pox and scarlet fever occurred but apart from this the health of the children has been good. The nutrition of the children continues to be satisfactory and the progressive increase in weight which is observed in nearly all the children shows that the diet is good and liberal.

The actual instruction of the children continues generally on the lines previously described; special efforts are made by the teaching staff to develop latent ability which may prove to be of practical value to the child in the future.

The conduct of the children continues to be good and it is only exceptionally that a really difficult case comes up for review. The improvement in the mental and physical condition of the children is due to the efficient and tactful system of teaching which is adopted in the school and to the care and attention paid to the children in the house.

The following report, slightly abridged, of the Watford Special Day School gives an interesting account of the work which is carried on there and indicates to what extent efforts are made to educate and interest the children and to improve their mental and physical condition :—

Report of Beechen Grove Special Day School, Watford.

Year ended 31st December, 1933.

The work of the Watford Special Day School has been carried on as heretofore ; the number of children on roll is 34.

Gardening has been largely responsible for better health in delicate children. During the summer months the children spent a great deal of time in the garden. One section engaged in gardening whilst another section took handwork or reading. Mr. Hudson and Mr. Saltmarsh from Oaklands visited from time to time to give much valuable advice and helpful suggestions.

Good work has been done by the School Scout troop under the guidance of their Scout Master, Mr. Painter, who takes the boys out for football, nature walks, cooking and to places of interest. Three swimming certificates were awarded for the 25 yards swim and dive, and these boys were taught by Mr. Painter and the head teacher, Miss W. Schulze. Some of the boys have passed tests in points of the compass, scout pace, making fires and cooking, etc. Mr. Painter teaches first aid to the troop. He also teaches boxing and helps whenever he can.

A great many of the children sang and danced at Concerts in aid of the poor children's Xmas treat organised by the "Watford Men's Own." One little girl danced in the various wards of the Peace Memorial Hospital on Xmas night. This child has again passed with honours an examination in pianoforte playing. One boy gained honours at the London Musical Festival for playing pianoforte solo. He also passed another examination with honours in pianoforte playing and was awarded the Local talent prize by Trinity College of Music. Another passed a further examination in pianoforte playing.

Miss K. Schulze has got a local musician to take an interest in this boy, and he is now teaching him to play the clarinet with a view to entering a band ; in this he is making rapid progress.

Music plays an important part in the lives of the children, making them more alert and adding brightness to their lives. Many of the children play the piano—one teaching the other on the school piano.

Mr. Bloom, H.M.I. and Mr. Lumsden visited the School and reported on the work. In accordance with their report the Managers

are considering the question of more time being given to reading and arithmetic, and of sending a few of the older and more capable boys and girls to the Newton Price Handicraft and Domestic Centres ; reading, writing, arithmetic and hand work form, of course, a part of the school curriculum.

Dr. Cox visited the school and examined every child mentally and physically. He has paid many visits during the year.

An exhibition and sale of the children's work was held in December. The amount realised was £12 7s. 6d. Amongst those present were the Mayor of Watford and Mr. David Blackley, J.P.

REPORT OF DR. COX.

Beechen Grove Special School continues its good work as in previous years with undiminished success. In November the annual medical examination of all the children in the school was held—thirty-three in number. This examination included a general medical examination of each child, and in addition an investigation of both physical and mental progress since the last annual examination. This annual examination may be considered valuable in many ways. It is important to attend to the health of children in the special school as many of these are naturally delicate and below a normal physical standard of health. This impaired physique often accompanies a sub-normal mentality, and in some cases an improvement in health is accompanied by some degree of mental improvement. Thus the removal of tonsils and adenoids is often necessary in this type of child and may result in increased physical and mental well being. It was satisfactory to find that the great majority of children in the school have made great progress since the last annual examination. Whilst much progress in the three R's is unusual in children of this type, great improvements in manual work usually takes place. By means of this kind of training many of the children in the special school acquire knowledge which helps to make up for lack of proficiency in the ordinary school subjects, and which is useful in after life. Frequently it assists them in obtaining employment after leaving school. It is also very satisfactory to find so many children in this school acquiring a considerable proficiency in music and drawing. There is not the slightest doubt that by its good results the school more than justifies its existence. There is some difficulty in many cases in persuading

parents to send their children to the school, but in other cases parents have expressed their great appreciation of the school and all it has done for the children. It is hoped that heads of school departments will bring forward for examination any children whom they consider suitable for the special school, as there are some vacancies at the present time.

CHAPTER VIII.—STRUCTURAL AND SANITARY ALTERATIONS.

The sanitary standard of existing schools in the county is steadily improving. The newer schools, as regards lighting, heating and sanitary services, are of course well up to standard and leave little to be desired. While each year sees some improvement in the schools, more especially in non-provided schools in country districts, in which conditions fall short of a satisfactory standard, there is still room for further improvements. Perhaps the defect most frequently met with in such schools is the inadequacy of cloakroom provision and washing facilities. The Assistant School Medical Officers draw attention to this matter in their reports from time to time. The necessity for such provision is recognised and the extent to which it can be met depends entirely on the question of finance.

I am indebted to the County Surveyor for the information set out below, giving particulars of the more important improvements carried out at the various County Council schools during the year.

<i>Lighting</i> —Baldock Pond Lane		Installation of electric light.
Hertford Cowbridge		Additional window lighting.
Hertford		
Faudel-Phillips		Improved gas lighting.
Ware Technical		Improved gas lighting and additional windows.
<i>Heating</i> —Watford		
Beechen Grove		New central heating system.
Cheshunt Gews Corner		Improvements.
Great Berkhamstead		Do.
Pirton		Do.
Waltham Cross		Do.
Welwyn Garden City		Hot water equipment in Domes-
Handside		tic Science room.

<i>Sanitation</i> —Ashwell	New latrine for boys.
Shenley	Connecting drain to sewer.
St. Albans	Provision of pedestal water
Priory Park	closets in place of trough closets.

CHAPTER IX.—OPEN-AIR INSTRUCTION—PHYSICAL TRAINING—JUVENILE EMPLOYMENT.

There is nothing new to report in regard to open-air instruction. There is no doubt, however, that the time now spent by school children in the open air is much greater than was formerly the case. In summer time classes are frequently held in the open air; nature study is now a recognised part of the school curriculum, and this means increased contact with fresh air and sunlight and increased benefit to the health of the child.

So also in connection with physical training. The exercises carried out and the games played in the open air are of undoubted benefit to the health and physical development of the growing child, while the conception of sport, team spirit and playing the game must exercise a beneficial influence on the character of the child.

The following extracts are taken from the annual report of the Organizer of Physical Training in the county.

Although it is impossible to visit all the schools during a year, yet in those which have been inspected, steady progress is being maintained. Naturally the standard varies, but when the head teacher has a proper conception of the value of physical training and its place in the curriculum, then some valuable work is accomplished. It is found that no school which has adopted a generous physical education programme goes back on it, for the results gained by it are too valuable to be forfeited. It is pleasing to report that there are many such schools and it is always difficult to single out any for special mention.

The conception of physical education is no longer confined to a few daily exercises but embraces gymnastics, physical exercises, swimming instruction on sound lines, athletics—in this specialization is within reach—games with organised coaching, and folk-dancing. In trying to keep all these branches going there is a danger of losing sight of the essential. The aim in hand on the physical side is to give the growing organism, the child, the right “set.” The body does not wait

to grow at the behest of the teacher, but the teacher can do much to see that the growth is of such a nature as to produce a physically sound body. It is the normal everyday lesson by which it is hoped to maintain and develop the body at its normal efficiency, and the weakling is equally, if not more, important than the vigorous child. Usually the former's only chance of individual help to "grow" as we would have him, is during the physical exercise lessons; in other branches he often gets overlooked. The plea then is, as a first essential, a good, sound, vigorous, daily lesson.

Junior Schools.—There are now 45 of this type of school, which, owing to the simplicity of the organisation, should make it possible for the physical training to reach a higher level. This has been appreciated by head teachers generally, but in a desire to make progress there is the danger of introducing work which is beyond the capacity of the child generally.

The criticism refers to games, for some schools have introduced the more difficult team games which, very properly, should find place only in the senior schools. There is an attempt at playing cricket, football and netball before the children are really ready for such games. The point is, not that some children at the junior school age cannot play them, but that the length of period allowed for games, the large classes—they average about 50—and the restricted facilities, militate against such games. In addition, it is to be remembered that games training must be for all children, the weakling as well as the adept, so that in the interest of every child it is better to play really good preparatory games, which are well within its capacity and which lead up to the major games of the senior school. With this end in view a special syllabus has been arranged for junior schools, and head teachers have been discouraged in embarking on the more difficult games which find place in the senior departments.

Playing-fields.—The question of upkeep of playing-fields has been considered upon a report by the organiser at a quarterly meeting of the Physical Training Sub-Committee, hence it is unnecessary to deal with the matter in the present one, beyond saying that it becomes a matter of greater urgency each year. The prime difficulty is to obtain suitable people to carry out the work and at the right time. In one or two cases the condition of the fields is deteriorating. At Hitchin and at Letchworth it is hoped to enlist the services of the Urban District Councils.

From time to time the question of children undertaking the work has been raised, but in the matter of cutting the whole grass area, this is impossible. Children do much by way of preparing and rolling and marking pitches, whilst scythes and mowers have been provided in certain schools where the caretaker is willing to assist on the playing-field. In this connection mention might be made of the levelling and returfing of areas on the Hitchin Wilshire Dacre field, cutting and rolling at Letchworth Westbury and Pixmore Schools, Watford Garston School, King's Langley C.E. School and Hoddesdon Burford Street School. The care which the head master of Bishop's Stortford Northgate School bestows on the school playing-field is also worthy of notice.

Playgrounds.—As has been stated often, a good playground is the most important piece of “apparatus” that a school can possess for its physical training, and the number of playgrounds with good surfaces is steadily increasing. Unfortunately the least satisfactory of schools from this point of view are those where the buildings are poor, judged from the standpoint of physical training. It is, of course, the non-provided schools that are chiefly in mind, and a strong plea is made to the Managers of such for greater consideration in the matter of playground surface.

Games.—It will be remembered that in 1925 a syllabus of instruction in playground games, prepared by the Organizer, was issued to all schools. This has served a useful purpose, but the varying types of schools which now obtain clearly shows that this syllabus does not now meet the requirements of all. As a consequence, three distinct syllabus have been compiled and issued, namely, one for Rural, another for Junior, and the third for all standard schools. A scheme for senior departments was issued last year.

The idea underlying these schemes is to secure a graded system of games training in all types of school, arranged in such a manner as to meet their particular condition, and at the same time allow full scope for a teacher's initiative.

These schemes not only give notes on how they may successfully be applied, but the kind of apparatus required and its cost for carrying out the work.

Athletics.—The number of schools which are now holding “sports days” has increased considerably, and in almost every case these are run on the “house system.” In very few cases are individual prizes awarded. Generally, success of an individual means a gain of points to the “house,” or occasionally, to mark individual merit, a certificate. Furthermore, it is pleasing to report that these sports are becoming organized from the child’s point of view, his needs and capabilities. However, it is still a fact that many schools, whilst arranging for children’s sports, think in terms of events for adults. Few schools, indeed, make any use of the physical training syllabus in arranging a sports programme.

Swimming.—The first report on swimming instruction was made ten years ago, in 1923, and it is interesting to compare its results with those of the present year :—

<i>Attendance.</i>	1923.	1933.	
No. of Schools or Depts.	49	72	Totals include only 4 of the Watford Schools of which there are 14.
„ „ Classes—Boys -	40	87	
„ „ „ —Girls -	29	93	
„ „ Boys weekly -	1050	1763	
„ „ Girls „ -	550	1806	
<i>Baths or Pools.</i>			
No. used—Indoor -	1	2	
Outdoor -	6	20	
<i>Certificates Awarded.</i>			
Boys, Proficiency - -	*	312	
440 yds. - -	87	*	
100 „ - -	129	438	
25 „ - -	284	836	
Girls, Proficiency - -	—	137	
440 yds. - -	18	—	
100 „ - -	34	308	
25 „ - -	67	698	
Total Boys and Girls -	619	1534	
<i>Taught to Swim.</i>			
Girls - - - -	67	698	
Boys - - - -	284	836	

* None awarded.

As a result of the expansion of swimming instruction it is common to find that children in junior schools are able to gain the proficiency certificate, leaving no county award to be gained in the senior department. To meet this it may be desirable to devise another test. Meanwhile, schools are urged to take the examination of the Royal Life Saving Society. This year more schools have undertaken this, with the following results; the examinations being conducted by the Organizer, who is the county representative of the Society :—

<i>School.</i>	<i>Certificates.</i>				<i>Bronze Medal.</i>	
	<i>Elem.</i>		<i>Inter.</i>			
	1932	1933	1932	1933	1932	1933
Hertford Cowper Boys' -	1	7	4	10	5	1
Hitchin Wilshere Dacre -	—	11	—	10	—	—
Letchworth Westbury -	—	7	1	3	—	1
Croxley Green Girls' -	—	—	1	—	—	1
Hertford Port Vale Girls' -	—	—	—	2	—	—
Great Berkhamstead C. E. Boys' —	—	4	—	—	—	—
Totals	1	29	6	25	5	3

No. of awards for 1932 was 12.

„ „ 1933 „ 57.

Every child who desires to compete for the county swimming certificates is examined by the organizer, and this year at the first test approximately 2,500 were examined. It is fairly certain that next year the total will be exceeded, for it will be necessary to provide for instruction at Ware, where the Urban District Council are constructing a bath. In addition, there are distinct possibilities of swimming pools at Stevenage and Harpenden, while the existing baths may be in greater demand by the schools.

EMPLOYMENT OF SCHOOL CHILDREN.

The Children and Young Persons Act, 1932, which came into force on 1st November, 1933, repeals, extends, re-enacts and consolidates many statutory provisions relating to the employment of children and young persons.

The following are the principal provisions affecting the Education Committee :—

Under this Act, a “ child ” means a person under the age of 14 years, but this is extended for the purposes of Part II, which relates to employment by section 30 which provides that a person who is attending a public elementary school and who reaches the age of 14 years during a school term, shall not be deemed to cease to be a child until the end of that term. A “ young person ” means a person who has attained 14 and is under the age of 17. Section 18 of the Act contains the following restrictions on the employment of children :—

(1) Subject to the provisions of this section and of any bye-laws made thereunder no child shall be employed—

(a) so long as he is under the age of 12 years ; or

(b) before the close of school hours on any day on which he is required to attend school, or

(c) before six o'clock in the morning or after eight o'clock in the evening of any day ; or

(d) for more than two hours on any day on which he is required to attend school ; or

(e) for more than two hours on any Sunday ; or

(f) to lift, carry, or move anything so heavy as to be likely to cause injury to him.

(2) A local authority may make bye-laws with respect to the employment of children, and any such bye-laws may distinguish between children of different ages and sexes and between different localities, trades, occupations and circumstances, and may contain provisions :—

(a) authorizing—

(i) the employment of children under the age of 12 years (notwithstanding anything in paragraph (a) of the last foregoing subsection) by their parents or guardians in light agricultural or horticultural work ;

(ii) the employment of children (notwithstanding anything in paragraph (b) of the last foregoing subsection) for not more than one hour before the commencement of school hours on any day on which they are required to attend school ;

(b) prohibiting absolutely the employment of children in any specified occupation.

CHAPTER X.—HEALTH EDUCATION.

In previous reports reference has been made to the importance of giving instruction on domestic and personal hygiene especially to the older children. The laws which govern health so far as they can be controlled by the individual are extremely simple and no useful purpose is served by adopting an elaborate code of instruction. Knowledge on the part of the teacher of the guiding principles of hygiene is of course essential but of equal value is the power to impart to the child such simple elementary knowledge as is capable of being practically applied in every day life and which may exercise some influence on the hygienic condition of the home.

Proper and sufficient food, adequate clothing, sunlight, fresh air and cleanliness are the main factors upon which depend the healthy growth and development of the normal child. The value of instruction to the older girls in cooking, food values and domestic science generally in relation to such factors cannot be over estimated. Home conditions exercise a definite influence on the health of the growing child and the more conversant the young of to-day are with what constitutes healthy home conditions the higher the standard of health to be attained in the future.

Special instruction given to the older boys should be based on the relationship of character to health, and the manner in which character must govern physical and mental development and ability to face life's duties, physical demands and responsibilities.

The question of biology (sex hygiene) instruction in schools was considered at a conference held in May. No special resolution was submitted to the meeting but the general sense of the conference was that it would be most unwise to issue any general instructions for class teaching in this subject but that there would be no objection to suitable and experienced teachers having informal talks with individuals or groups of scholars on this matter and the conference was generally in favour of a resolution being submitted as follows :—

That while the Education Committee are not prepared to give any general directions to teachers to impart sex instruction in grammar or elementary schools indiscriminately to children of both sexes and of all ages, they would nevertheless view with favour such instruction being given by an experienced head master or mistress, or by a specially experienced and suitable assistant teacher approved by the head, to senior children as opportunity offers.

CONCLUSIONS AND SUMMARY.

The figures for the year 1933 indicate that the health of the school children has generally been good. Apart from influenza and the persistent prevalence of scarlet fever in several districts, there has been no serious outbreak of epidemic disease. The records show that with a few exceptions, there has been a decrease in the percentage of defects found and that the number of cases treated or under treatment has increased.

Some points of special interest are referred to by the Assistant School Medical Officers in their reports. The mildness of type which is now a special feature of scarlet fever greatly increases the difficulty of prevention and control ; in some cases the presence of the disease is not recognised until peeling has taken place as no complaint of previous illness had been made.

The general nutrition of the school children has been good and is indeed better than it was during the previous year. The actual cause of malnutrition varies in different children, it may be due to disease or insufficient food, but improper feeding rather than actual shortage is also regarded as a contributing factor. In one district it was observed that those children who were in receipt of assistance from the Public Assistance Authority were well nourished and that those children who had a

long walk to school were healthier and of better physique. This latter view was borne out by an investigation which was made in the county some years which showed that the child who had to walk some distance to and from school was healthier and less liable to develop colds and catarrh than the child who lived much nearer school. Reference is also made to the value of physical culture and of the more open type of modern clothing in relation to health and physique.

In certain schools talks are given to the children on traffic dangers and safety first. The value of such talks and of the practical instruction given in such subjects as carpentry, cooking, homecraft, and domestic science is emphasised.

A summary of the chief results obtained from the school medical inspection is appended.

The estimated number of inspections required was 13,976 and the actual number carried out was 14,667. The number of children found on examination for whom directions was considered necessary was 27·9, compared with 29·4 last year. Schools were closed on 72 occasions, compared with 25 last year; the chief cause being influenza (51) which was prevalent in the early part of the year, scarlet fever (7) and measles (6).

The general nutrition of the children during the year has shown evidence of improvement. Of the children examined, in 0·5 per cent. was malnutrition sufficiently marked to require the child to be referred for treatment, compared with 0·6 per cent. for the previous year. The actual number of children requiring such treatment was 78, compared with 93 for the previous year.

A further definite improvement in the cleanliness of the children is to be recorded. The percentage referred for treatment for uncleanness of the head was 0·5, compared with 0·8 last year, and for uncleanness of the body 0·3, compared with 0·4 last year.

There is a decrease in the percentage of children referred for treatment for defective vision, namely 3·9, compared with 4·0. The number of children supplied with glasses during the year was 914, compared with 966 last year.

There is a further considerable decrease in the number of children referred for treatment for defective teeth, the percentage being 13·4, compared with 14·5 for last year, 17·3 for 1931, 20·1 for 1930 and 22·6 for 1929.

Sixteen cases of definite pulmonary tuberculosis were recorded, compared with 19 last year.

There is a further fall in the number of children referred for treatment for enlarged tonsils, namely, 6·5 per cent., compared with 7·0 per cent. for 1932. With regard to adenoids, there is a slight increase in the number referred for treatment, namely 0·5, compared with 0·4 last year. The number of children referred for treatment for tonsils and adenoids occurring together is also somewhat higher, the percentage being 3·1 compared with 2·9 for the previous year.

The percentage of children referred for treatment for defective hearing was 0·1, the same as last year. The number of children with deformities was 181, compared with 143 last year, the percentage referred for treatment being 0·8, compared with 0·6 last year.

The percentage of children who have been vaccinated continues to decrease. Of the 14,667 children examined the percentage vaccinated was 30·4, compared with 31·8 last year.

The percentage of defects treated during the year shows a further increase, being 89·2, compared with 86·8 last year.

These figures may be regarded as highly satisfactory, showing as they do a distinct advance on the figures for the previous year.

APPENDIX.

TABLE I.—Return of Medical Inspections.

(a) Routine Medical Inspections.

Number of inspections in the prescribed groups—

Entrants ...	...	...	...	4,615
Second Age Group...	...	...	...	4,865
Third Age Group ...	...	...	...	5,059
Total				14,539

(b) Other Inspections.

Number of Special Inspections	...	...	128
Number of Re-Inspections	...	...	—
Total			128

TABLE II.—(a) Return of Defects found by Medical Inspection in the Year ended 31st December, 1933.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	Number of Defects.		Number of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	78	667	—	—
Skin—				
Ringworm—Scalp	—	—	—	—
Body	3	—	—	—
Scabies	4	—	—	—
Impetigo	18	24	1	—
Other Diseases (Non-Tuberculous)	15	46	3	—
Eye—				
Blepharitis	38	49	1	2
Conjunctivitis	2	3	—	—
Keratitis	—	—	—	—
Corneal Opacities	—	3	—	—
Defective Vision (excluding Squint)	525	520	42	4
Squint	177	57	5	—
Other Conditions	8	11	—	1
Ear—				
Defective Hearing	17	50	1	—
Otitis Media	13	37	—	—
Other Ear Diseases	10	11	2	—
Nose and Throat—				
Chronic Tonsillitis only	940	1385	9	3
Adenoids only	67	89	2	1
Chronic Tonsillitis and Adenoids	446	329	11	—
Other Conditions	—	—	—	—
Enlarged Cervical Glands (Non-Tuberculous)	153	670	3	—
Defective Speech	8	43	—	—
Heart and Circulation—				
Heart Disease—Organic	23	35	1	—
Functional	35	126	3	—
Anaemia	14	63	—	—
Lungs—				
Bronchitis	4	40	—	—
Other Non - Tuberculous Diseases	49	33	—	1

TABLE II. (*continued*).

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	Number of Defects.		Number of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Tuberculosis—				
Pulmonary—Definite ...	11	4	1	—
Suspected ...	11	1	—	—
Non-Pulmonary—				
Glands ...	1	12	—	—
Bones and Joints ...	6	4	—	—
Skin ...	—	—	—	—
Other Forms ...	—	2	—	—
Nervous System—				
Epilepsy ...	4	8	—	—
Chorea ...	2	6	—	2
Other Conditions ...	13	—	—	—
Deformities—				
Rickets ...	3	16	—	—
Spinal Curvature ...	7	4	—	—
Other Forms ...	104	62	4	—
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases ...	68	70	3	1

(b) Number of individual children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP.	NUMBER OF CHILDREN.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
(1)	(2)	(3)	(4)
PREScribed GROUPS :—			
Entrants ...	4615	917	19·9
Second Age Group ...	4865	874	17·7
Third Age Group ...	5059	703	13·9
Total (Prescribed Groups) ...	14539	2494	17·2
Other Routine Inspections ...	—	—	—

TABLE III.—Children suffering from Multiple Defects.

Blindness (Not Partial Blindness). Deafness (Not Partial Deafness).
 Mental Defect. Epilepsy. Active Tuberculosis. Crippling.
 Heart Disease.

Number of children suffering from any combination of the
 above defects 3

	At Certified Schools.	At Public Elemen- tary Schools.	At Other Institu- tions.	At no School or Institu- tion.	Total.
Blind 	9	—	—	—	9
Partially Blind 	2	1	—	—	3
Deaf 	14	—	—	—	14
Mentally Defective (Feeble minded)	99	17	—	1	117
Epileptic 	1	1	—	3	5
Physically Defective—					
I.—Pulmonary					
Tuberculosis...	12	212	—	21	245
II.—Non-Pulmonary					
Tuberculosis...	3	122	5	10	140
Cripples 	9	3	—	—	12
Heart Disease 	1	5	—	1	7

TABLE IV.

RETURN OF DEFECTS TREATED DURING YEAR ENDED
31st DECEMBER, 1933.

Treatment Table.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness,
for which see Group VI).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin—</i>			
Ringworm-Scalp.	7	28	35
Ringworm-Body	—	—	—
Scabies	1	2	3
Impetigo	35	239	274
Other skin disease	5	35	40
<i>Minor Eye Defects</i> (External and other, but excluding cases falling in Group II).	10	76	86
<i>Minor Ear Defects</i>	8	51	59
<i>Miscellaneous</i> (e.g., minor injuries, bruises, sores, chilblains, etc.).	101	1904	1195
Total	167	1525	1692

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding
Minor Eye Defects treated as Minor Ailments—Group I.).

Defects or Disease.	No. of Defects dealt with.	No. of children for whom spectacles were	
	Under the Authority's Scheme.	Prescribed	Obtained
		(1)	(2)
(1)	(2)	Under the Authority's Scheme.	Under the Authority's Scheme.
Errors of Refraction (including squint).	1085		
Other Defect or Disease of the Eyes (excluding those re- corded in Group I.). ...	—	914	914
Total	1085		

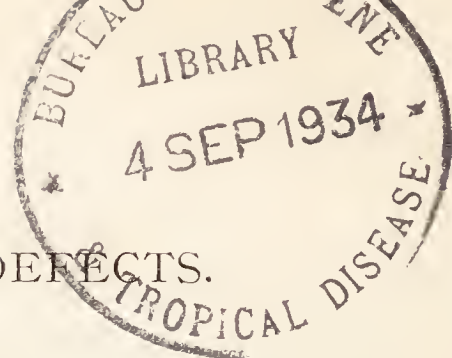
GROUP III.—TREATMENT OF DEFECTS OF NOSE AND
THROAT.

NUMBER OF DEFECTS.								
Received Operative Treatment.								Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				Total.				
(1)				(2)				
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	
36	25	679	—	36	25	679	—	740

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat.

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme			Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non residential treatment at an orthopaedic clinic.	
	(i)	(ii)	(iii)	
Number of children treated.	1	22	360	383



GROUP V.—DENTAL DEFECTS.

(1) Number of Children who were :—

(a) Inspected by the Dental Surgeons at the Dental Clinics and elsewhere—

elsewhere						
Routine Age Groups	{	5	-	-	224	Total 8,490
		6	-	-	1,504	
		7	-	-	1,657	
		8	-	-	1,850	
		9	-	-	903	
		10	-	-	800	
		11	-	-	653	
		12	-	-	419	
		13	-	-	367	
	{	14	-	-	113	

Specials - - - - - 3,248

Grand Total - - - - - 11,738

(b) Found to require treatment - - - 8,638

(c) Actually treated - - - 7,121

(2) Half-days devoted to { Inspection - - 76 } Total 843
 { Treatment - - 767 }

(3) Attendances made by children for treatment - - - 9,526

(4) Fillings - - { Permanent Teeth 1,501 } Total 1,819
 { Temporary Teeth 318 }

(5) Extractions - - { Permanent Teeth 2,863 } Total 15,776
 { Temporary Teeth 12,913 }

(6) Administrations of general anæsthetics for Extractions - 3,549

(7) Other Operations - { Permanent Teeth 198 } Total 446
 { Temporary Teeth 248 }

GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurses - - - 14'9

(ii) Total number of examinations of children in the Schools by School Nurses - - - 264,659

(iii) Number of individual children found unclean - - 1,609

(iv) Number of children cleansed under arrangements made by the Local Education Authority - - - 2,092

(v) Number of cases in which legal proceedings were taken :—

(b) Under the Education Act, 1921 - - - Nil.

(b) Under School Attendance Byelaws - - - Nil.

